

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

RICK BRYSON FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 1695

Check if different  
than previously  
reported. (ACC)

BRYSON CITY

NC

28713

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00610832

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

08

D D /

05

Y Y Y Y

2015

through

M M /

03

D D /

31

Y Y Y Y

2016

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer DOROTHY BOOZER

Signature of Treasurer

DOROTHY BOOZER

[Electronically Filed]

Date

M M /

04

D D /

14

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 16

Write or Type Committee Name

RICK BRYSON FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7670.00	7670.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	7670.00	7670.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8852.48	8852.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	1740.00	1740.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	7112.48	7112.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1407.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	850.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 16

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**RICK BRYSON FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
08 / 05 / 2015

To:

M M / D D / Y Y Y Y  
03 / 31 / 2016

## **I. RECEIPTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

#### 11. CONTRIBUTIONS (other than loans) FROM:

##### (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5050.00

5050.00

(ii) Unitemized.....

2620.00

2620.00

(iii) TOTAL of contributions  
from individuals ▶

7670.00

7670.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

7670.00

7670.00

#### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

#### 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

850.00

850.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

850.00

850.00

#### 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

1740.00

1740.00

#### 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

#### 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10260.00

10260.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8852.48	8852.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8852.48	8852.48

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10260.00
25. SUBTOTAL (add Line 23 and Line 24).....	10260.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8852.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1407.52

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 16

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**RICK BRYSON FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>GEORGE BETZHOLD</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2016	
Mailing Address 382 SCOTTISH WOODS WAY			<b>Transaction ID : SA11AI.4102</b>	
City	State	Zip Code		
MURPHY	NC	28906		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF		Occupation RESORT OWNER/OPERATOR	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BEN BUSHYHEAD</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2015	
Mailing Address PO BOX 1009			<b>Transaction ID : SA11AI.4242</b>	
City	State	Zip Code		
BRYSON CITY	NC	28713		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer SWAIN COUNTY, NC		Occupation SWAIN COUNTY COMMISSIONER	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>HOMER COLEMAN</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2016	
Mailing Address 457 CLINE BRANCH RD			<b>Transaction ID : SA11AI.4118</b>	
City	State	Zip Code		
BRYSON CITY	NC	28713		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 450.00	
Name of Employer US MILITARY		Occupation RETIRED	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1450.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CAROLYN MARTIN**

A.

Mailing Address 402 N. 4TH STREET

City

BATON ROUGE

State

LA

Zip Code

70802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL DEVELOPER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 11 / 2016

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

2600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**BRIAN SMITH**

B.

Mailing Address 7 LIGHTCAHILL CT

City

CHANDLER

State

NC

Zip Code

28715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

RETIRED DOCTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2016

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JOELLEN VANGORDER-BRYSON**

C.

Mailing Address 48 GOLDEN OAKS LANE

City

FLETCHER

State

NC

Zip Code

28732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NC DHHS

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 22 / 2016

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

5050.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**FREDERICK EDGAR BRYSON**

Mailing Address PO BOX 1695

City

BRYSON CITY

State

NC

Zip Code

28713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PR WRITER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2015

Transaction ID : SA13A.4206

Amount of Each Receipt this Period

450.00

☐ Memo Item  
 OPEN ACCOUNT

Full Name (Last, First, Middle Initial)

**FREDERICK EDGAR BRYSON**

Mailing Address PO BOX 1695

City

BRYSON CITY

State

NC

Zip Code

28713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PR WRITER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2016

Transaction ID : SA13A.4152

Amount of Each Receipt this Period

400.00

☐ Memo Item  
 PERSONAL DEPOSIT TO ACCOUNT

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

850.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ALLISON OUTDOOR ADVERTISING**

Mailing Address 35 OUTDOOR DR

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
BILL BOARD

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2016

Amount of Each Disbursement this Period

1690.00

☐ Memo Item

Transaction ID : SB17.4166

**B. BLUE TRUCK**

Mailing Address MAIN ST

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
WEB SITE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2015

Amount of Each Disbursement this Period

424.99

☐ Memo Item

Transaction ID : SB17.4222

**C. BLUE TRUCK**

Mailing Address MAIN ST

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
WEB SITE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2016

Amount of Each Disbursement this Period

325.00

☐ Memo Item

Transaction ID : SB17.4154

**SUBTOTAL** of Disbursements This Page (optional).....

2439.99

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BLUE TRUCK**

Mailing Address MAIN ST

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
WEB SITE

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2016

Amount of Each Disbursement this Period

221.67

☐ Memo Item

Transaction ID : SB17.4169

**B. CAPITAL ONE BANK**

Mailing Address PO BOX 85617

City	State	Zip Code
RICHMOND	VA	23285

Purpose of Disbursement  
PROMOTIONAL/ADVERTISING EXPENSES

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

375.21

☐ Memo Item

Transaction ID : SB17.4218

**C. CHESTNUT TREE INN**

Mailing Address SOUTH HWY 19

City	State	Zip Code
CHEROKEE	NC	28719

Purpose of Disbursement  
DEPOSIT FUND RAISER

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2016

Amount of Each Disbursement this Period

843.99

☐ Memo Item

Transaction ID : SB17.4159

**SUBTOTAL** of Disbursements This Page (optional).....

1440.87

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CHESTNUT TREE INN**

Mailing Address SOUTH HWY 19

City	State	Zip Code
CHEROKEE	NC	28719

Purpose of Disbursement  
FUND RAISER RALLY

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2016

Amount of Each Disbursement this Period

843.99

☐ Memo Item

Transaction ID : SB17.4172

**B. FRONTIER COMMUNICATIONS**

Mailing Address PO BOX 20550

City	State	Zip Code
ROCHESTER	NY	14602-0550

Purpose of Disbursement  
TELEPHONE EXP

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2016

Amount of Each Disbursement this Period

278.77

☐ Memo Item

Transaction ID : SB17.4183

**C. NC BOE**

Mailing Address BOX 27255

City	State	Zip Code
RALEIGH	NC	27611

Purpose of Disbursement  
RENEW FILING FEE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

Amount of Each Disbursement this Period

1740.00

☐ Memo Item

Transaction ID : SB17.4181

**SUBTOTAL** of Disbursements This Page (optional).....

2862.76

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DAVID ROAT**

Mailing Address 42 FURMAN AVE #311B

City	State	Zip Code
ASHEVILLE	NC	28801

Purpose of Disbursement  
PROFESSIONAL FEES

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 03 / 2016

Amount of Each Disbursement this Period

112.50

☐ Memo Item

Transaction ID : SB17.4165

**B. DAVID ROAT**

Mailing Address 42 FURMAN AVE #311B

City	State	Zip Code
ASHEVILLE	NC	28801

Purpose of Disbursement  
PROFESSIONAL FEES

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 19 / 2016

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Transaction ID : SB17.4173

**C. DAVID ROAT**

Mailing Address 42 FURMAN AVE #311B

City	State	Zip Code
ASHEVILLE	NC	28801

Purpose of Disbursement  
PROFESSIONAL FEE

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2016

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Transaction ID : SB17.4177

**SUBTOTAL** of Disbursements This Page (optional).....

412.50

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DAVID ROAT**

Mailing Address 42 FURMAN AVE #311B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2016

City	State	Zip Code
ASHEVILLE	NC	28801

Amount of Each Disbursement this Period

123.75
--------

Purpose of Disbursement  
PROFESSIONAL FEE

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4178

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. THE SYLVA HERALD**

Mailing Address MAIN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

City	State	Zip Code
SYLVA	NC	28779

Amount of Each Disbursement this Period

90.74
-------

Purpose of Disbursement  
BUSINESS CARDS

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4217

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. THE SYLVA HERALD**

Mailing Address MAIN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

City	State	Zip Code
SYLVA	NC	28779

Amount of Each Disbursement this Period

102.48
--------

Purpose of Disbursement  
BUSINESS CARDS

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4220

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

316.97

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THE SYLVA HERALD**

Mailing Address MAIN ST

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
POST CARDS

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2015

Amount of Each Disbursement this Period

74.73
-------

☐ Memo Item

Transaction ID : SB17.4221

**B. THE SYLVA HERALD**

Mailing Address MAIN ST

City	State	Zip Code
SYLVA	NC	28779

Purpose of Disbursement  
BUSINESS CARDS

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

Amount of Each Disbursement this Period

92.88
-------

☐ Memo Item

Transaction ID : SB17.4161

**C. TRIVESICA DESIGN**

Mailing Address 52 LAMB AVE

City	State	Zip Code
ASHEVILLE	NC	28806

Purpose of Disbursement  
NEW WEB SITE

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2016

Amount of Each Disbursement this Period

300.00
--------

☐ Memo Item

Transaction ID : SB17.4179

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

467.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**RICK BRYSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address SLOPE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

City	State	Zip Code
BRYSON CITY	NC	28713

Amount of Each Disbursement this Period

252.00
--------

Purpose of Disbursement  
STAMPS

003

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4163

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address SLOPE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		08		2016

City	State	Zip Code
BRYSON CITY	NC	28713

Amount of Each Disbursement this Period

42.00
-------

Purpose of Disbursement  
STAMPS

003

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4168

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address SLOPE ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		29		2016

City	State	Zip Code
BRYSON CITY	NC	28713

Amount of Each Disbursement this Period

49.00
-------

Purpose of Disbursement  
STAMPS

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : SB17.4174

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

343.00

8283.70

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 15 OF 16

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4206

RICK BRYSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDERICK EDGAR BRYSON

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 1695

City

State

ZIP Code

BRYSON CITY

NC

28713

Original Amount of Loan

450.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

450.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 05 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 11 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

450.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 16

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

RICK BRYSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FREDERICK EDGAR BRYSON

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 1695

City

State

ZIP Code

BRYSON CITY

NC

28713

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

**TERMS**

Date Incurred

M M / D D / Y Y  
03 / 13 / 2016

Date Due

M M / D D / Y Y  
 / / 11/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

400.00

**TOTALS** This Period (last page in this line only)..... ►

850.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.